

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70591	10/14
O.I.P.E. CLASSIFIER		21	10/19/00
FORMALITY REVIEW	H.S	30866	11-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	Final
2	Original
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original
13	Original
14	Original
15	Original
16	Original
17	Original
18	Original
19	Original
20	Original
21	Original
22	Original
23	Original
24	Original
25	Original
26	Original
27	Original
28	Original
29	Original
30	Original
31	Original
32	Original
33	Original
34	Original
35	Original
36	Original
37	Original
38	Original
39	Original
40	Original
41	Original
42	Original
43	Original
44	Original
45	Original
46	Original
47	Original
48	Original
49	Original
50	Original

Claim	Date
51	Original
52	Original
53	Original
54	Original
55	Original
56	Original
57	Original
58	Original
59	Original
60	Original
61	Original
62	Original
63	Original
64	Original
65	Original
66	Original
67	Original
68	Original
69	Original
70	Original
71	Original
72	Original
73	Original
74	Original
75	Original
76	Original
77	Original
78	Original
79	Original
80	Original
81	Original
82	Original
83	Original
84	Original
85	Original
86	Original
87	Original
88	Original
89	Original
90	Original
91	Original
92	Original
93	Original
94	Original
95	Original
96	Original
97	Original
98	Original
99	Original
100	Original

Claim	Date
101	Original
102	Original
103	Original
104	Original
105	Original
106	Original
107	Original
108	Original
109	Original
110	Original
111	Original
112	Original
113	Original
114	Original
115	Original
116	Original
117	Original
118	Original
119	Original
120	Original
121	Original
122	Original
123	Original
124	Original
125	Original
126	Original
127	Original
128	Original
129	Original
130	Original
131	Original
132	Original
133	Original
134	Original
135	Original
136	Original
137	Original
138	Original
139	Original
140	Original
141	Original
142	Original
143	Original
144	Original
145	Original
146	Original
147	Original
148	Original
149	Original
150	Original

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here